

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010987

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1855

**FILED APR 16 1962**

1. PLACE OF DEATH

a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Kansas City**

Length of stay in 1b  
**33 yrs**

c. CITY OR TOWN **Kansas City**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **6421 E 14th**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**6421 E 14**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **JAMES** Middle **H** Last **GREATHOUSE**

4. DATE OF DEATH **4/2/62**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**8/20/1879**

9. AGE (last birthday)

**83**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired laborer**

10b. KIND OF BUSINESS OR INDUSTRY  
**Nevil Mfg. Co**

11. BIRTHPLACE (City and state or country)  
**Webster Co., Mo**

12. CITIZEN OF WHAT COUNTRY  
**U S A**

13a. FATHER'S NAME

**Andrew Jackson Greathouse**

13b. MOTHER'S MAIDEN NAME

**Cecelia N Pettit**

14. NAME OF HUSBAND OR WIFE

**Bertha Greathouse**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO.

17. INFORMANT **Mrs. Bertha Greathouse**

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Circulatory Failure**

INTERVAL BETWEEN ONSET AND DEATH

**Immediate**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Decompensated Hypertensive Heart Disease**

**1-2 yrs**

DUE TO (c)

**Chronic Glomerulonephritis**

**unknown**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1-24-62** to **Present** and last saw him alive on **3-19-62**  
Death occurred at **11:35 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**M. C. Coatney DO.**

(Degree or title)

22b. ADDRESS

**6235 Truman Rd**

22c. DATE SIGNED

**4-3-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**4/5/62**

23c. NAME OF CEMETERY OR CREMATORY

**Mt Washington**

23d. LOCATION (City, town, or county)

**Kansas City, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Sheil Funeral Home K C Mo**

25. DATE RECD. BY LOCAL REG.

**4-3-62**

26. REGISTRAR'S SIGNATURE

**Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

M. C. Coatney MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

1  
3-2-82  
3  
4 0  
5 1  
6  
7 0  
8 0  
9 592X  
10  
11  
12 90-2  
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Richard E. Carroll*

Licensed Embalmer No. 4829

P. O. Address K. C. Yms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.